## Birth Certificate Fax Order Form 206-897-4580



Number of Certificates O	raering:	certified copies @ \$20.00	eacn (plus \$12.	50 handling fee per orde	er)
<b>Applicant Information</b>					
			(	,	
Your Name			——————————————————————————————————————	time Phone	
Company Name (if applicable)			Ema	il Addresss (optional)	
					0.0.00
Address			You	r Relationship to the Per	rson on the Certificate
City	State	Zip Code		Country	
<b>Certificate Information</b>	(exact and comple	te information required)			
	(c <b>r</b>	••••••••••••••••••••••••••••••••••••••			
Name on Certificate:	First Name(s)				
	First Name(s)	Middle Name(s)		Last Name(s	)
Date of Birth:		City or County of Birth:			☐ Male
					Female
Father/Parent Birth Name:					
	First Name(s)	Middle Name(s)		BIRTH LAST	T NAME(S)
Mother/Parent Birth Name:	First Name(s)	Man Man		DIDTH LAC	CNAME(C)
	First Name(s)	Middle Name(s)		BIRTH LAST	T NAME(S)
Shipping Information					
Select shipping method:  * If you wish to		ry, signature required, ac address, please complete	_		deliver to PO Boxes
				( )	
Name				Daytime Phone	
				_	
Address Line 1					
Address Line 2 (opt	ional)			_	
riumess zime z (ope					
City	Sta	te Zi	p Code		Country
Payment Information (	credit and debit car	ds accepted)			
		• ,			
Card number:				Exp date:	
Select card name/billing a		Applicant -or- Shipping -or- complete b	elow_		
	Name				
	Billing Address	City	State	Zip Code	Country

Please Note: Any time a record is searched for and is not found, an \$8.00 search fee is charged per the Revised Code of Washington (RCW 70.58.107).

Contact King County Vital Statistics at 206-897-5100 if you have questions or need assistance.